County of San Diego Emergency Medical Services
Paramedic Application

(PARAMEDIC)

Last Name: _____First Name: _____MI: _____
Residential Address
Street Address: _____

City: _____State: _____ Zip Code: _____-_____
Mailing Address (if different from mailing address)
Street Address: _____

City: _____State:_____Zip Code: _____-_____

Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Social Security Number: _____Date of Birth (MM/DD/YYYY) _____

County of San Diego EMS System Employer: _____

Failure to disclose requested information may result in denial or loss of accreditation.

YES NO Has your existing Paramedic License or San Diego Paramedic Accreditation lapsed?
If Yes, enter the date lapsed: _____ Checked by_____

YES NO Have you ever been licensed as a Paramedic by another State?
Certifying State Name: _____ License Number/Expiration date: _____
Checked by_____

YES NO Is your Paramedic License currently on probation or suspension?
If Yes, enter the date of action._____ Checked by_____

YES NO Have you ever had a Prehospital License or Accreditation suspended, denied or revoked, placed on probation or been under investigation?
If Yes, **you must attach with this application a written explanation that describes the action, and any corrective action, and/or remediation as a result of the action**. Checked by_____

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of any rights to a Paramedic Accreditation in the County of San Diego. I understand all information on this application is subject to verification and audit, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as a Paramedic in the State of California.

Signature: _____Date:_____

County of San Diego staff only:

State License:	Issue Date:	Govt. Issue I.D. Checked:
County Accreditation #:	Expiration Date:	Data Entry By:
Q.A. Completed by:		

Paramedics are responsible for notifying County of San Diego EMS Branch of current mailing and residential address and shall notify County of San Diego EMS Branch in writing within thirty (30) calendar days of any and all changes of the mailing & residential address.

If processing via mail please include:

- Digital photo
- Check, cashier's check or money order for $17
- A stamped self-addressed envelope plus the following documents:

MAIL TO: COUNTY OF SAN DIEGO EMS
6255 MISSION GORGE ROAD
SAN DIEGO, CA 92120-3599
ATTN: CERTIFICATION PROCESSING

Office (619) 285-6429
Fax (619) 285-6531

New County of San Diego Paramedic Accreditation:

- Certificate of completion from a San Diego Accreditation Workshop
- Current State of California Paramedic License
- Current ACLS Card
- Training course completion

County of San Diego Paramedic Re-Accreditation:

- Current State of California Paramedic License
- Current ACLS Card